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Submission Validation Service for single project and multi project applications

Version: 1.1

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Document History

Revision History

Version Number	Revision Date	Author	Summary of Changes
1.0	07/01/2014	ERA Analyst (CF)	SPA requirements iteration 1: • Rules categorization • PHS398 Modular Budget
	07/11/2014	ERA Analyst (SV)	• Updated Validation Definitions • Added new Section for Shared Validations
	07/15/2014	ERA Analyst (SV)	• Added SF424 Validations
1.1	07/20/2014	ERA Analyst (CF)	SPA requirements iteration 2: • SF424 RR Cover • RR Budget 5 Yr. • Cover Page Supplement • Global Validations • Shared validations • Update to rules categorization
	7/23/2014	ERA Analyst (CF)	• Added cross components (multi Project) rule category

1.1	08/08/2014	ERA Analyst (CF)	- Redistributed shared validations across the forms - Added project_costs_exception value to Modular budget rules 018.3.2, 018.3.3, 019.1.2, 019.1.3 - Added list of supported Agencies - Added form versions to all rules - Added multi project validations 008.21.2 and 008.21.3 (cover page supplement) - Added global validations 000.25
1.1	09/02/2014	ERA Analyst (CF)	Based on development review and current implementation: - Removed Global validation 000.2 (special characters) as it was never implemented in SVS. - Removed rules 001.18.1, 001.101.3, 001.57.4 and 008.21.1 removed as handled by the schema - Removed rules 008.23.1 and 008.23.2 as duplicate to rules 008.22.1 and 008.22.2 - Updated rule 008.29.1 to be an Error - Combined rules 018.3.2 and 018.3.3 - Updated flag name for rule 018.3.2 to be project_cost_exception_flag - Updated flag name for rule 001.42.3 to be project_period_excep_lt5Y_flag - Removed Global validation 000.26 - Removed Global validation 000.12

Table of Contents

Validations definitions

Validations categories are not mutually exclusive (i.e., several categories can apply to a single validation). A validation can apply to multiple categories, such as a specific form version, an activity code and/or an FOA specific flag at the same time.

As an example, validation 018.3.2 agency   Provide error if this value for *any* budget year is > 50K for R03 or budget year is >200K for R21 on the Modular budget applies to the following categories:

- o   Form version - V1.2
- o   Agency - NIH
- o   FOA Specific flag - project_cost_exception_flag = Y
- o   Activity code – Include R03, R21

CATEGORIES:

1. **Form Version Validations –** Validations can vary by version level of an individual form within a form package and apply to the version listed in the document (e.g., SF424 RR Cover V1_2 vs. SF424 RR Cover V2_0).

   Example:

   - The Previous Grants.gov Tracking ID is required if the application is marked as 'Changed/Corrected' (001.95.1)

2. **Mandatory Validations** – Validations required for eRA systems to successfully process applications and map them to the eRA database (i.e., IMPAC II). Apply to NIH and all Agencies using eRA systems to process grant applications.

   Examples:

   - The FOA must exist in the eRA database (000.19)
   - DUNS on SF424 R&R cover form must exist in the eRA database. (001.8.1)

3. **Agency Specific Validations** – Validations that are modifiable at the Agency level. Agency is determined by a parameter associated with the FOA. The Agency parameter will be exposed in the Submission Agency Data Service in a future enhancement.

   Examples:

   - Do not accept Pre-application as submission type (001.1.1)
   - Do not accept changed/corrected application if the original application has been verified and not withdrawn (001.1.3)

4. **FOA Specific Validations** – Validations that are controlled at the opportunity level and triggered based on whether or not a specific flag (defined with the validation) is set for the FOA. The FOA Information Request in the Submission Agency Data Service (SADS) web service can be used to determine if the specific flag is set for an FOA.

   Examples:

   - Provide error if this value for *any* budget year is > 50K for R03 or budget year is >200K for R21 (018.3.2)
   - Provide error if project period is more than two years long. (001.42.3)

5. **Activity Code Validations -** Validations that apply to a specific activity code (R01, T32…), a major activity code (F, K…), a program type code (SBIR, STTR) or a processing activity code (333, 777.)

   Allowing validations to be controlled at the major activity code level facilitates logical groupings of activity codes. The 'major activity code' is the first character of the three-character activity code. For example, F31 and F32 share the major activity code of 'F'. Validations that apply to the F major activity code would apply to all Fellowship applications'
   Examples:

   - Provide error if project period is more than two years long. (001.42.3)
   - The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation. (020.0.2)

6. **Applies to Single Project, Multi Project or Both** - Validations that apply to Single Project applications, to Multi Project application, or both.

   Examples:

   - For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted. (018.0.3)
   - If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component (008.21.2)
   - For a revision, the parent grant must be awarded. (001.6.10)

7. **Applies to component type** - Validations that apply to the 'Overall Component', an Other Component' type or an FOA specific component label of a Multi Project application

   Examples:

   - For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement (001.6.6)
   - If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true (008.1.2)

8. **Cross Component validations:** Validations that cross component types such as Overall and Other Components for a Multi Project application.

   Example:

   - If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component (008.21.2**)**

9. **Global Validations:** Validations that apply to the whole of the application.

    Examples:

    - For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data. (000.4)
    - The FOA does not exist in the database (000.19)

10. **Shared validations:** Validations for fields that are common to multiple forms and uses the same rule logic (e.g., Validations against the State field).

    Examples:

    - If country not US, State must be blank. (001.16.2)
    - If country not US, State must be blank. (001.57.3)
    - If country not US, State must be blank. (001.85.3)

Global Validations

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
											Rule Categories			
Global Validation	000.3	N						Both			DUNS numbers: Validation to apply to all forms containing a DUNS number present in the package downloaded. If DUNS provided on any forms has any invalid characters (meaning other than 9 or 13 numbers) after stripping of dashes, provide error.	The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).	E	
Global Validation	000.4	N						Multi		Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains more occurrences of <component type> than are allowed for this Funding Opportunity Announcement <FOA Number>.	E	
Global Validation	000.5	N						Multi		Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains less occurrences of <component type> than are required for this Funding Opportunity Announcement <FOA Number>.	E	

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
								Rule Categories						
Global validation	000.6	Y						Both			If the application schema does not match the opportunity schema, return Error	The format of the application does not match the format of the Funding Opportunity Announcement (FOA). Please contact the Help Desk for assistance.	E	
Global validation	000.7	N						Multi			For other components, provide error if the SubApplicationId does not follow the specific format of: 3 digit unique number (unique for the application) and the SubApplicationGroupId (component type) separated by a dash (i.e. 328-Core)	A problem with the format of your submission has been identified. Please notify your institution's submission system support contact and provide them with the following information. The provided Component Identifier format <Component ID> in the SubApplicationID XML tag is invalid. SubApplicationIDs for all components except Overall must be formatted as follow: 3-digit number that must be unique within the application, followed by a dash and the component	E	

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
												type which should match the corresponding SubApplicationGroupID (i.e. 328-Core, 654-Project).		
Global validation	000.14	Y						Both			If the application fails to process, return Error	The application encountered an unexpected error during application processing. Please contact the Help Desk for assistance.	E	
Global validation	000.18	N						Both			If the application is larger than 1.2GB, provide error	The application did not follow the agency specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.	E	
Global validation	000.19	Y						Both			The FOA does not exist in the database	The Funding Opportunity Announcement number does not exist.	E	

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
											Rule Categories			
Global validation	000.24	Y						Both			Provide error, if special characters defined as special quotes (single or double quotes: ' ', " ") and/or em-dash (–) are entered in Project Title or Organization Name on R&R Cover and R&R Cover	The Application contains special characters not supported by NIH. To avoid this issue, do not cut/paste from word processing documents into form fields. Please directly type the information in the form for the following field(s): <- Field name and text to be inserted for each occurrence of special characters.>	E	
Global validation	00.25	Y						Both			Provide error if attachment file names are not unique with in a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E	
Global validation	000.27	Y						Single			For Submission where the RR Budget 5Yr and the Modular Budget are present, provide error	Only one budget form should be included with your application	E	

Category	Rule#	Rule Categories						Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)							
Global validation	000.28	Y						Single			Require a submission of either a modular budget or a RR Budget 5Yr.	You must include a budget with this application.	E	
Attachment validation	000.8	Y						Both			All attachments must be in PDF format	The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension.	E	
Attachment validation	000.9	N						Both			If an attachment is empty (0 bytes), the following error should be returned	The {0} attachment was empty. PDF attachments cannot be empty attachments. Please submit a changed/corrected application with the correct PDF attachment.	E	
Attachment validation	000.10	Y						Both			If PDF Attachment is encrypted, the following error should be returned:	The <attachment> attachment contained formatting or features not currently supported by NIH. Help with PDF attachments can be found at http://grants.nih.gov /grants/ElectronicR	E	

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
												eceipt/pdf_guidelin es.htm .		
Attachment validation	000.11	Y						Both			If a PDF with password protection has been included, the following error should be returned:	The <attachment> attachment has password protection. PDF attachments must not include password protection. Help with PDF attachments can be found at http://grants.nih.gov /grants/ElectronicR eceipt/pdf_guidelin es.htm .	E	
Attachment validation	000.13	N						Both			If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error	Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at http://grants.nih.gov /grants/ElectronicR eceipt/pdf_guidelin es.htm for additional information.	E	

Category	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
											Rule Categories			
Attachment Validations	000.17	N						Both			If attachment is larger than 35MB, provide error	The {0} attachment did not follow the agency specific size limit of 35MB per attachment. Please resize the attachment(s) to be no larger than 35 MB before submitting your application.	E	
Attachment Validations	000.20	Y						Both			Provide error if filename is not valid and/or more than 50 characters long. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.	The <attachment> attachment filename is invalid. Valid filenames are limited to 50 characters and may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.	E	
Attachment Validations	000.21	N								Y	Provide error at the entire application level if a Biosketch attachment for the same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). Senior Key Person entries will be determined to be for the same person if: Senior Key Person Profile or PD/PI	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com- ponent Type (Multi Project only)	Cross Compo nents (Multi Project Only)				
											Profile Credentials match.	Senior/Key Person(s): <Last name, First name> on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>...		
Attachment Validations	000.22	N						Multi		Y	Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for both entries, then if Senior Key Person Profile or PD/PI Profile First Name and Last Name and Organization Name match.	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s) with the same last name, first name, and organization name. Specifically: <Last name, First name>; on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Compo nents (Multi Project Only)				
												name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>...		
Attachment Validations	000.23	N						Multi	Y		Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name, last name, and organization name.	The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>: <Component Title>	E	
Attachment Validations	000.25	N						Multi			Provide error if attachments file names are not unique with in a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E	

Modular Budget

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
									Rule Categories						
Modular Budget, Years 1-5 (NIH)		018.0.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Do not accept a modular budget for an application where the applicant organization is foreign.	Applications from foreign organizations must use the R&R Budget form..	E	
Modular Budget, Years 1-5 (NIH)		018.0.3	N	N	Incl: NIH	Incl: V 1.2			Single Project			For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted.	This application should be submitted with the same type of budget as the last competing segment.	W	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			For budget period 1, if entered, for new and resubmissions applications, must be the same as the Project Start Date listed on the SF 424 RR Face Page .	The modular budget start date for new and resubmission applications must be the same as the proposed project start date listed on the SF424 RR cover form.	W	
Modular Budget, Years 1-	Start Date	018.1.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project	The start date for budget period <budget year>	W	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
															Rule Categories
5 (NIH)												Start Date listed on the SF 424 RR Face Page.	must be equal to or later than the proposed project start date listed on the SF 424 RR cover form.		
Modular Budget, Years 1-5 (NIH)	End Date	018.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Budget period end date must be greater than budget period start date and less than or equal to project period end date.	The modular budget period dates must be within the proposed project period dates listed on the SF424 RR cover form.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be <= 250K, must be a multiple of 25K for each budget year	Modular budgets must be in $25K increments and cannot exceed $250K.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.2	N	N	Incl: NIH	Incl: V 1.2	project_cost _exception_f lag = N	Incl: R03, R21	Single Project			Provide error if this value for *any* budget year is >50K for R03 or budget year is >200K for R21	Direct cost requests are limited to <direct cost limit> per period for this program.	E	Future enhancement to Submission Agency Data Service (SADS) to expose flag
Modular Budget, Years 1-5 (NIH)	Direct Costs, Consortium, F&A	018.4.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Consortium F&A provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that.	The 'Total Direct Costs' in budget period <budget year> must equal the 'Direct Cost less Consortium F&A' plus 'Consortium F&A'.	E	
Modular	Direct Costs,		Y	N		Incl:			Single			Must be less than 10,000,000,000.	The Total Direct	E	.

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Budget, Years 1-5 (NIH)	Total Direct Costs	018.5.2				V 1.2			Project				Costs provided exceeds the allowable limit.		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Type	018.6													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate 1-4	018.7	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide warning if greater than 0 and less than 1.	The Indirect Cost Rate must be represented as a percentage. (e.g., '25.5', not .255)	W	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Base 1-4	018.8.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Indirect Cost Base provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Funds Requested 1-4	018.9	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Funds Requested amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Cognizant Agency	018.10													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate Agreement Date	018.11													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered.	The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)				
													Types'.		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Indirect Costs amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be greater than 0 for first budget period.	For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period.	The 'Total Direct and Indirect Costs (A+B)' in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.3	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit.	E	

Modular Budget Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Compon ents (Multi Project Only)				
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct Cost less Consortium F&A values for all budget years.	The cumulative 'Total Direct Cost less Consortium F&A' for Entire Project Period must equal the sum of 'Total Direct Cost Less Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.2	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R03	Single Project			Provide error if this value is >100K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $100K for this program.	E	Future enhancement to Submission Agency Data Service (SADS) to expose flag
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.3	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R21	Single Project			Provide error if this value is >275K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $275K for this program.	E	Future enhancement to Submission Agency Data Service (SADS) to expose flag
Modular Budget, Cumulative (NIH	Total Consortium F&A for Entire Project Period	019.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Consortium F&A values for all budget years.	The cumulative 'Total Consortium F&A for Entire Project Period' must equal the sum of 'Consortium F&A' values for all budget periods.	E	
Modular	Total	019.2.2	Y	N		Incl:			Single			Must be less than	The Total Consortium	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Compon ents (Multi Project Only)				
Budget, Cumulative (NIH	Consortium F&A for Entire Project Period					V 1.2			Project			10,000,000,000.	F&A for Entire Project Period amount provided exceeds the allowable limit.		
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs for all budget years.	The cumulative 'Total Direct Costs for the Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	Total Direct Costs for Entire Project Period amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Indirect Costs for Entire Project Period	019.4.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Indirect Costs for all budget years.	The cumulative 'Total Indirect Costs Requested for Entire Project Period' must equal the sum of 'Total Indirect Costs' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years.	The cumulative 'Total Direct and Indirect Costs (A+B) for Entire Project ' must equal the sum of 'Total Direct and Indirect Costs' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs for Entire Project Period amount provided exceed the allowable limit.	E	
Modular Budget, Cumulative	Budget Justifications, Personnel	019.6.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide a warning if this attachment hasn't been included with a modular	In most cases, a Personnel Justification attachment should be	W	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Compon ents (Multi Project Only)				
(NIH)	Justification											budget.	included.		
Modular Budget, Cumulative (NIH)	Budget Justifications, Consortium Justification	019.7													
Modular Budget, Cumulative (NIH)	Budget Justifications, Additional Narrative Justification	019.8													

SF 424 (R&R)

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Compon ents (Multi Project Only)				
SF 424 (R&R)	Type of Submission	001.1.1	N	N	Incl: NIH	Incl: V 2.0		Exc: X02	Both	Overall		Do not accept Pre-application as submission type	Pre-application is not an allowable 'Type of Submission' for this program.	E	

			Rule Categories												
Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
SF 424 (R&R)	Type of Submission	001.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept 'Application' submission type if there is an associated prior successful submission.(exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E	
SF 424 (R&R)	Type of Submission	001.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept changed/ corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process.	E	
SF 424 (R&R)	Type of Submission (Pre-App, Changed App)	001.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single project			Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application.	This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed.	E	
SF 424 (R&R)	Date Submitted	001.2													
SF 424 (R&R)	Applicant Identifier	0001.3													
SF 424 (R&R)	Date Received by State	001.4.1													
SF 424 (R&R)	State Applications Identifier	001.5													
SF 424 (R&R)	Federal Identifier	001.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, renewal or revision, this component is mandatory	A Federal Identifier is required for Resubmission, Revision and Renewal applications. Include only the Institute code and serial number of the prior grant number in the Federal Identifier field	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
													(e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1).		
SF 424 (R&R)	Federal Identifier	001.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, revision, or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number.	E	
SF 424 (R&R)	Federal Identifier	001.6.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, revision, or renewal components of grant number must be 'parsable', at least the IC and serial number must be included. Components are <application_type> <mechanism> <institute> <serial number>-<support year><suffix code>	The format of the Federal Identifier is not valid. Please include only the IC and serial number of the prior grant number (e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1).	E	
SF 424 (R&R)	Federal Identifier	001.6.5	N	N	Incl: NIH, CDC, FDA, AHRQ Excl: VA	Incl: V 2.0			Both	Overall		If PIChangeIndicator not set on Cover Page Supplement, provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match.	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. If this application involves a change of PD/PI, please select the Change of PD/PI box on the PHS 398 Cover Page Supplement form.	E	
SF 424 (R&R)	Federal Identifier	001.6.6	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement	A Resubmission application cannot be submitted until the Summary Statement for the previous application has been released by the agency.	E	
SF	Federal	001.6.7	N	N	Incl:	Incl:			Both	Overall		For a resubmission, the prior	A Resubmission application	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
						Rule Categories									
424 (R&R)	Identifier				NIH, AHRQ	V 2.0						grant must not have been awarded, unless it has been identified as interim funding.	cannot be submitted if a prior version in the same support year has been awarded.		
SF 424 (R&R)	Federal Identifier	001.6.8	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For resubmission, if the prior grant suffix code=A1 , display a warning. Matching is performed only on IC and serial number ?	NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html	W	-
SF 424 (R&R)	Federal Identifier	001.6.9	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For resubmission, prior grant suffix code must not ='A2'	This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html	E	
SF 424 (R&R)	Federal Identifier	001.6.10	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For a revision, the parent grant must be awarded.	The entire proposed project period of the application must fall within the awarded project period of the parent grant identified by the Federal Identifier.	E	
SF 424 (R&R)	Federal Identifier	001.6.12	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error	Resubmission applications must be submitted within 37 months of the previous submission. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Agency Routing Identifier	001.7	N												
SF 424 (R&R)	Federal Identifier	001.6.13	N	N	Excl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, if the prior grant suffix code=A1 or A2, display a warning	Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy.	W	
SF 424 (R&R)	Federal Identifier	001.6.14	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For revision type of application, provide a warning if the application end date is greater than parent grant end date.	The entire proposed project period must be within the awarded parent grant project period	E	
SF 424 (R&R)	Previous Grants.gov Tracking ID	001.95.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Type of Submission is a Changed/Corrected Application	The Previous Grants.gov Tracking ID is required if the application is marked as 'Changed/Corrected'.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.1	Y	N		Incl: V 2.0			Both	Overall		Must match one of the DUNS recorded for IPF in Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks.	The DUNS provided in the application does not match the DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl: V 2.0			Both	Overall		For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the multiple DUNS	The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
					VA							recorded for the organization.	Identifier. Revision applications are typically submitted for the same organization as the parent grant.		
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.3	Y	N		Incl: V 2.0			Both	Overall		Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the multiple DUNS recorded for the organization.	The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424 (R&R)	Applicant Information, Legal Name	001.9													
SF 424 (R&R)	Applicant Information, Department	001.10.1													
SF 424 (R&R)	Applicant Information, Division	001.11													
SF 424 (R&R)	Applicant Information, Street 1	001.12													
SF 424 (R&R)	Applicant Information, Street 2	001.13													
SF 424 (R&R	Applicant Information, City	001.14													
SF 424 (R&R	Applicant Information, County/Parish	001.15													
SF 424 (R&R)	Applicant Information, State	001.16.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if	E	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandato ry (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applie s to Com- ponent Type (Multi Project Only)	Cross Compon ents (Multi Project Only)					
														Org name is not available>, the State must be supplied for US addresses.		
SF 424 (R&R)	Applicant Information, State	001.16.2	Y	Y		Incl: V 2.0			Both	Overall			If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.1	Y	Y		Incl: V 2.0			Both	Overall			Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.2	Y	Y		Incl: V 2.0			Both	Overall			If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.3	Y	Y		Incl: V 2.0			Both	Overall			If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.1	Y	Y		Incl: V 2.0			Both	Overall			ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.2	Y	Y		Incl: V 2.0			Both	Overall			ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Applicant Information, Zip Code														
SF 424 (R&R)	Person to be Contacted, Prefix														
SF 424 (R&R)	Person to be Contacted, First Name														
SF 424 (R&R)	Person to be Contacted, Middle Name														
SF 424 (R&R)	Person to be Contacted, Last Name														
SF 424 (R&R)	Person to be Contacted, Suffix														
SF 424 (R&R)	Person to be Contacted, Position/ Title														
SF 424 (R&R)	Person to be Contacted, Street 1														
SF 424 (R&R)	Person to be Contacted, Street 2														
SF 424 (R&R)	Person to be Contacted, City														
SF 424 (R&R)	Person to be Contacted, County/ Parish														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Person to be Contacted, State	001.101.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, State	001.101.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.3	Y	Y		Incl: V 2.0				Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Person to be Contacted, Country														
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	

			Rule Categories												
Form	**Field**	**Rule#**	**Mandatory (Y/N)**	**Shared (Y/N)**	**Agency Specific (Lists Agencies)**	**Form Version**	**FOA Specific**	**Activity Specific Lists Activity Code (Inclusion & Exclusion)**	**Applies to Single Project, Multi Project or Both**	**Applies to Component Type (Multi Project Only)**	**Cross Components (Multi Project Only)**	**Validation**	**Error Message**	**Error/ Warning**	**ERA Comments**
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, Phone Number														
SF 424 (R&R)	Person to be Contacted, Fax Number														
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If e-mail is not provided, display Warning	The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Employer Identification	001.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed).	The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency.	W	
SF 424 (R&R)	Employer Identification														
SF 424 (R&R)	Type of Applicant (other,														

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
	woman owned, disadvantaged)															
SF 424 (R&R)	Type of Applicant (other, Specify)	001.30.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if "Other" is selected as the Applicant Type.	Other "comment" is required if "Other" is selected as the Applicant Type.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be either New, Revision, Resubmission, or Renewal	<Type of Application> provided i is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: Phase I SBIR/ STTR, SC2, S11, X01, R03, R21, R34, U34, C06, UC6, G08, G13, G20, mentored K	Single			Renewal is not a valid type.	A renewal cannot be submitted for this application.	E	
SF 424 (R&R)	Type of Application Revision Code Other Explanation														
SF 424 (R&R)	Submitted to other agencies?															
SF	Submitted to															

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandato ry (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applie s to Com- ponent Type (Multi Project Only)	Cross Compon ents (Multi Project Only)				
424 (R&R)	other agencies? (Y/N)														
SF 424 (R&R)	Submitted to other agencies? Name of agencies	001.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Submitted to Other Agencies is 'Yes'.	The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'.	E	
SF 424 (R&R)	Name of Federal Agency														
SF 424 (R&R)	Catalog of Federal Domestic Assistance Number														
SF 424 (R&R)	Descriptive Title	001.40.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For a revision type of application, must be the same as provide warning if the project title on the application does not match the project title on the parent grant. Do not include leading or trailing spaces or any punctuation in the comparison.	The project title for this revision application is not the same as the project title on the parent grant. For a revision, the project title should be the same as the project title on the parent grant.	W	
SF 424 (R&R)	Proposed project start date	001.41.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be later than current date	The Proposed Project Start Date) must be later than today's date.	E	
SF 424 (R&R)	Proposed project ending date	001.42.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be later than Project Start Date	The Proposed Project Ending must be later than the Proposed Project Start Date.	E	

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								Rule Categories							
SF 424 (R&R)	Proposed project ending date	001.42.2	N	N	Incl: NIH	Incl: V 2.0			Both	Overall		Must be no more than 20 years greater than today's date.	The Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF 424 (R&R)	Proposed project ending date	001.42.3	N	N	Incl: NIH	Incl: V 2.0	project_period_excep_lt5y_flag = N	Incl: R03, R21, R36	Single Project			Provide error if project period is more than two years long.	The project period for this type of application is limited to two years.	E	Future enhancement to Submission Agency Data Service (SADS) to expose flag
SF 424 (R&R)	Congressional districts of applicant	001.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.	Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions.	E	
SF 424	PD/PI Contact	001.45.1	N	N	Incl : NIH,	Incl: V 2.0			Both	Overall		If PD/PI name *and* Commons account provided (and Commons	The name provided for the PD/PI, <First name last name	W	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
										Rule Categories					
(R&R)	Information, name (first name,)				CDC, FDA, AHRQ, VA							account is recognized), provide warning if last name and first name on account doesn't match provided last name and first name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	does not match the name listed on the eRA Commons account: <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information are available at https://commons.era.nih.gov/commons-help/216.htm.		
SF 424 (R&R)	PD/PI Contact Information, name (middle name)	001.46													
SF 424 (R&R)	PD/PI Contact Information, name (Last name)	001.47													
SF 424 (R&R)	PD/PI Contact Information, name (suffix)	001.48													
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF	PD/PI	001.50													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
424 (R&R)	Contact Information, Organization Name														
SF 424 (R&R)	PD/PI Contact Information, Department	001.51													
SF 424 (R&R)	PD/PI Contact Information, Division	001.52													
SF 424 (R&R)	PD/PI Contact Information, Street 1	001.53													
SF 424 (R&R)	PD/PI Contact Information, Street 2	001.54													
SF 424 (R&R)	PD/PI Contact Information, City	001.55													
SF 424 (R&R)	PD/PI Contact Information, County/Parish	001.56													
SF 424 (R&R)	PD/PI Contact Information, state	001.57.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
SF 424 (R&R	PD/PI Contact Information, state	001.57.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R	PD/PI Contact Information, province	001.58.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R	PD/PI Contact Information, province	001.58.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R	PD/PI Contact Information, province	001.58.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	PD/PI Contact Information, country														
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF	PD/PI	001.60.2	Y	Y		Incl:			Both	Overall		ZIP Code must be 9 numeric	For < Person First, Last name or	E	

Rule Categories														
Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
424 (R&R)	Contact Information, ZIP/Postal Code					V 2.0						digits if country is US.	Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.		
SF 424 (R&R)	PD/PI Contact Information, phone number														
SF 424 (R&R)	PD/PI Contact Information, fax number														
SF 424 (R&R)	PD/PI Contact Information, email	001.63.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid.	E	
SF 424 (R&R)	Total Federal Funds Requested	001.64													
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65													
SF 424 (R&R)	Estimated Program Income	001.66													
SF 424 (R&R)	Estimated Program Income	001.67													
SF 424	Subject to state	001.68													

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	executive order review?														
SF 424 (R&R)	State executive order review date	001.69.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if answer to 'Subject to state executive order review' is 'Yes'	A State executive order review date must be entered, if the answer to the 'Subject to state executive order review' is 'Yes'.	E	
SF 424 (R&R)	Agreement and certification	001.70													
SF 424 (R&R)	SFLLL or Other Explanatory Documentation Attachment	001.71													
SF 424 (R&R)	Authorized representative, prefix	001.72.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Display warning if first or last name>30 chars, or if suffix>5 chars.	The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database.	W	
SF 424 (R&R)	Authorized representative, first name	001.73													
SF 424 (R&R)	Authorized representative, middle name	001.74													
SF 424 (R&R)	Authorized representative, last	001.75													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandato ry (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Versio n	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applie s to Com- ponent Type (Multi Project Only)	Cross Compon ents (Multi Project Only)				
	name														
SF 424 (R&R)	Authorized representati ve, suffix	001.76													
SF 424 (R&R)	Authorized representati ve position/title	001.77													
SF 424 (R&R)	Authorized representati ve organization	001.78													
SF 424 (R&R)	Authorized representati ve department	001.79													
SF 424 (R&R)	Authorized representati ve division	001.80													
SF 424 (R&R)	Authorized representati ve street 1	001.81													
SF 424 (R&R)	Authorized representati ve street 2	001.82													
SF 424 (R&R)	Authorized representati ve city	001.83													
SF 424 (R&R)	Authorized representati ve county/Paris h	001.84													
SF 424	Authorized representati	001.85.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	ve state												Org name is not available>, the State must be supplied for US addresses.		
SF 424 (R&R)	Authorized representati ve state	001.85.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, state must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Authorized representati ve province	001.86.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Authorized representati ve province	001.86.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Authorized representati ve province	001.86.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Authorized representati ve country	001.87													
SF 424 (R&R)	Authorized representati ve zip/postal code,	001.88.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Authorized representati ve	001.88.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	zip/postal code,												digit ZIP Code must be supplied for US addresses.		
SF 424 (R&R)	Authorized representative phone number	001.89													
SF 424 (R&R)	Authorized representative fax number	001.90													
SF 424 (R&R)	Authorized representative email	001.91.3	Y	N		Incl: V 2.0			Both	Overall		Must contain a '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted email address for the Authorized Representative {0}, is invalid.	E	
SF 424 (R&R)	Authorized representative signature and date	001.92													
SF 424 (R&R)	Pre-application attachment	001.93													
SF 424 (R&R)	Cover Letter Attachment	001.94													

R&R Budget(5Year)

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)					
												Unless specifically stated, all project budget validations also apply to the subaward budget.			
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)		020.0.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			A subaward budget should not be accepted if a modular budget has been included	A subaward budget cannot be included if a modular budget has been submitted.	E	
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)		020.0.2	N	N	Incl: NIH	Incl: V 1.3		Incl: R03, R21, Exclude R21/R33	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Resear ch & Relate d Budget 5YR, A&B,		020.0.3	N	N	Incl: NIH	Incl: V 1.3		Exclude: 333, 666, 777	Single			For a revision, if the parent grant budget is modular, only a modular budget form may be submitted	This application should be submitted with the same type of budget as the last competing segment.	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
Year x (R&R)															
Research & Related Budget 5YR, A&B, Year x (R&R)	Organizational DUNS	020.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Project' must contain DUNS number for the component organization on the 424 RR	The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Organizational DUNS	020.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Name of organization	020.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E	
Research & Related Budget 5YR, A&B,	Budget type (project, subaward/consortium)	020.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			There must be one and only one occurrence of budget with a value of 'Project' in the application.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
Year x (R&R)															
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Start Date	020.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Start Date	020.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget beriod < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	End Date	020.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR Face Page	For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover.	E	
Resear ch & Relate d Budget 5YR,	Senior/Key Person x Name, Prefix	020.6													

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Compon ents (Multi Project Only)					
A&B, Year x (R&R)																
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, First Name	020.7														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, Middle Name	020.8														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, Last Name	020.9														
Resear ch & Relate d Budget 5YR, A&B, Year x	Senior/Key Senior/Key Person Project Role	020.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Exclude: STTR	Single			For Budget type project, the first senior/key person with Project Role of PD/PI (for the PI listed on the SF 424 RR Cover only), must match Senior/Key Person form last name and first name.	For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover.	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
															Rule Categories spans columns Mandatory through Cross Components

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
(R&R)															
Research & Related Budget 5YR, A&B, Year x (R&R)	Senior/Key Person Project Role	020.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Exclude: STTR	Single			For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI.	For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, Base Salary ($)	020.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, Cal. Months	020.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR submissions),	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/polic y/person_months_faqs.htm	E	
Research & Related d	Senior/Key Person x Name, Acad. Months	020.13.1	N	Y	Incl : NIH, CDC, FDA,	Incl: V 1.3			SIngle			Provide warning if both academic and calendar months have been provided for a person for	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First	W	

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			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
Budget 5YR, A&B, Year x (R&R)					AHRQ, VA							a budget year.	Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month's columns.		
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Senior/Key Person x Name, Sum. Months	020.14													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Senior/Key Person Requested salary	020.15													
Resear ch & Relate d Budget 5YR,	Senior/Key Person x Name, Fringe Benefits ($)	020.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
A&B, Year x (R&R)													agency.		
Research & Related Budget 5YR, A&B, Year x (R&R)	Senior/Key Person Funds Requested	020.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Total funds requested for Senior Key Persons in attachment	020.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Total Funds requested for all senior/key persons	020.19													
Research & Related Budget 5YR, A&B, Year x	Additional Senior Key Persons attachment	020.20.1	N	N	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
(R&R)															
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Personnel, Cal Months	020.21													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Personnel, Acad Months	020.22													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Personnel, Sum Months	020.23													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Personnel, Requested Salary	020.24													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, A&B, Year x (R&R)	Other Personnel, Fringe Benefits	020.25													
Research & Related Budget 5YR, A&B, Year x (R&R)	Other Personnel, Funds Requested	020.26													
Research & Related Budget 5YR, A&B, Year x (R&R)	Total number other personnel	020.27													
Research & Related Budget 5YR, A&B, Year x (R&R)	Total Funds Requested other personnel	020.28													
Research &	Total salary, wages and fringe	020.29.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			Must equal the sum of Total Funds requested for	For <Organization name> budget for Budget Period <	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
Related Budget 5YR, A&B, Year x (R&R)	benefits				CDC, FDA, AHRQ, VA							all senior/key persons and Total Funds Requested other personnel	Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested (Section A) and Total Other Personnel Funds Requested (Section B).		
Research & Related Budget 5YR, A&B, Year x (R&R)	Equipment description, equipment item	020.30													
Research & Related Budget 5YR, A&B, Year x (R&R)	Equipment description, x equip funds req.	020.31													
Research & Related Budget 5YR, A&B, Year x (R&R)	Equipment description, total funds requested in attachment	020.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Equipment Attachment is included.	For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	
Research & Related d	Equipment description, total equipment	020.33													

53

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
Budget 5YR, A&B, Year x (R&R)															
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Additional equipment attachment	020.24.1	N	N	Incl: NIH	Incl: V 1.3			Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E	New rule
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Travel, domestic travel costs, funds req	020.25													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Travel, foreign travel costs, funds req	020.26													
Resear ch & Relate d Budget 5YR,	Total travel cost, funds req	020.27													

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)					
A&B, Year x (R&R)																
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Participant/traine e support costs: Tuition/Feels/He alth Insurance, funds req	020.28														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Participant/traine e support costs: stipends, funds req	020.29														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Participant/traine e support costs: travel, funds req	020.30														
Resear ch & Relate d Budget 5YR, A&B, Year x	Participant/traine e support costs: subsistence, funds req	020.31														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Budget 5YR, A&B, Year x (R&R)	Participant/trainee support costs: description of other	020.32													
Research & Related Budget 5YR, A&B, Year x (R&R)	Participant/trainee support costs: other, funds req	020.33													
Research & Related Budget 5YR, A&B, Year x (R&R)	Participant/trainee support costs: Number of Participants/Trainees	020.34													
Research & Related Budget 5YR, A&B, Year x (R&R)	Participant/trainee support costs: Total Participant/Trainee Support Costs	020.35													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs materials & supplies; Funds Req	020.36													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs Publication Costs; Funds Req	020.37													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs Consultant Services; Funds Req	020.38													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	020.39													
Budget , F-K,	Other Direct Costs	020.40.1	N	N	Incl : NIH,	Incl: V 1.3			Single			Provide warning for Project budget if	For Budget period <budget year>, a Subaward/Consortium	W	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)					
Year *x* (R&R)	(Subawards/Con sortium/Contract ual Costs)				CDC, FDA, AHRQ, VA								Consortium cost is Null or '0' and a subaward exists for the application	Cost should be provided as at least one Subaward/Consortium Budget form is included in the application.		
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	020.41														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs (Alterations and Renovations)	020.42														
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs (8. other description 1)	020.43														
Resear ch & Relate d Budget	Other Direct Costs (other1 funds requested)	020.44														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
5YR, A&B, Year x (R&R)															
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs (9. other description 2)	020.45													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs (other2 funds requested)	020.46													
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Other Direct Costs (10. other description 3)	020.47													
Resear ch & Relate d Budget 5YR, A&B,	Other Direct Costs (other3 funds requested)	020.48													

59

			Rule Categories												
Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
Year x (R&R)															
Research & Related Budget 5YR, A&B, Year x (R&R)	Other Direct Costs, Total Other Direct Costs	020.49.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget yea	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs (Section F) does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Total Direct Costs (A-F)	020.51.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (Section G) does not equal the sum of individual direct costs in Sections A-F.	E	
Research & Related Budget 5YR, A&B, Year x (R&R)	Total Direct Costs (A-F)	020.52.1	N	N	Incl : NIH	Incl: V 1.3		Include: R03, R21	Single			For Project Budget, provide warning if subtotal direct costs for *every* budget year is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget.	W	
Research &	Indirect Costs, Indirect Cost	7020.53.1	N	Y	Incl : NIH,	Incl: V 1.3			SIngle			Provide warning if less than 1.	For <Organization name> budget for Budget Period <	W	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
Related Budget 5YR, A&B, Year x (R&R)	Rate				CDC, FDA, AHRQ, VA								Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').		
Research & Related Budget 5YR, A&B, Year x (R&R)	Indirect Costs, x Indirect Cost Base	020.54													
Research & Related Budget 5YR, A&B, Year x (R&R)	Indirect Costs, x Funds Requested	020.55													
Research & Related Budget 5YR, A&B, Year x (R&R)	Total Indirect Costs	020.56.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	
Research & Related d	Total Direct and Indirect Costs	020.58.1	N	Y	Incl : NIH, CDC, FDA,	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds	E	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applie s to Single Project , Multi Project or Both	Applies to Com- ponent Type	Cross Compon ents (Multi Project Only)				
Budget 5YR, A&B, Year x (R&R)					AHRQ, VA									Requested (Section I) does not equal the sum of individual direct and indirect costs in Sections F- G.		
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Fee	020.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E	
Resear ch & Relate d Budget 5YR, A&B, Year x (R&R)	Budget Justification	020.60													

62

R&R Budget(5Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (MP Only)	Cross Components (MP Only)				
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section A. Senior/Key Person, Totals ($)	020.61													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section B. Other Personnel, Totals ($)	020.62													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Total number other personnel	020.63													
Research &	Total Salary, wages and fringe	020.64													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (MP Only)	Cross Component s (MP Only)				
Related Cumulative Budget 5YR, A&B, Year x (R&R)	benefits (A+B), Totals ($)														
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section C. Equipment, Totals ($)	020.65													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section D. Travel, Totals ($)	020.66													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	1. Domestic, Totals ($)	020.67													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (MP Only)	Cross Compon ents (MP Only)				
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	2. Foreign, Totals ($)	020.68													
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	Section E. Participant/Traine e Support Costs, Totals ($)	020.69													
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	1. Tuition/Fees/Healt h Insurance, Totals ($	020.70													
Research & Related Cumulati ve Budget 5YR, A&B,	2. Stipends, Totals ($)	020.71													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (MP Only)	Cross Components (MP Only)				
Year x (R&R)															
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	3. Travel, Totals ($)	020.72													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	4. Subsistence, Totals ($)	020.73													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	5. Other, Totals ($)	020.74													
Research & Related Cumulative Budget	6. Number of Participants/Trainees	020.75													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (MP Only)	Cross Compon ents (MP Only)				
5YR, A&B, Year x (R&R)															
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section F. Other Direct Costs, Totals ($)	020.76													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	1. Materials and Supplies	020.77													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	2. Publication Costs	020.78													
Research & Related Cumulati	3. Consultant Services	020.79													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (MP Only)	Cross Components (MP Only)				
ve Budget 5YR, A&B, Year x (R&R)															
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	4. ADP/Computer Services	020.80													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	5. Subaward/Consortium/Contractual Costs	020.81													
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	6. Equipment or Facility Rental/Use Fees	020.82													
Research &	7. Alterations and Renovations	020.83													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com- ponent Type (MP Only)	Cross Compon ents (MP Only)				
Related Cumulati ve Budget 5YR, A&B, Year x (R&R)															
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	8. Other1	020.84													
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	9. Other2	020.85													
Research & Related Cumulati ve Budget 5YR, A&B, Year x (R&R)	10. Other3	020.86													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (MP Only)	Cross Components (MP Only)				
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section G, Direct Costs (A thru F)	020.88.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E	
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section H, Indirect Costs	020.89.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 5YR, A&B, Year x (R&R)	Section I, Total Direct and Indirect Costs (G + H)	020.91.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.		
Research & Related Cumulative Budget 5YR, A&B,	Section J, Fee	020.92													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (MP Only)	Cross Components (MP Only)				
Year x (R&R)															

Cover Page Supplement

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Comp onent s (Multi Projec t Only)				
PHS 398 Cover Page Supplement	PD/PI Information (prefix, first, middle, last, suffix)															
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Involved' is "Yes" on the Other Project Information page.	The Human Subjects Clinical Trial question must be answered if the answer to 'Human Subjects Involved' on the Other Project Information page is "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true	The Human Subjects Clinical Trial question must be "Yes" if the answer to Human Subjects NIH-Defined Phase III Clinical Trial is "Yes.	E	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	If Human Subjects Clinical Trial is Yes on any component of the application and the Overall if Human Subjects Clinical Trial is No, provide Error	The Human Subjects Clinical Trial question on the Overall Component must be marked as "Yes", in order for any Human Subjects Clinical Trial question in any component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.4	N	N	Incl : NIH, CDC, FDA,	V 2.0			Multi Project	Overall	Y	If Human Subjects Clinical Trial is No on all components of the application and Human	The Human Subjects Clinical Trial question must be 'No' on the Overall component, if the Human Subjects	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
					AHRQ, VA							Subjects Clinical Trial is Yes on the Overall, then provide Error.	Clinical Trial question is 'No' for all other components in the application.		
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Clinical Trial' is "Yes".	The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Human Subjects Clinical Trial is No, this cannot be equal to Yes.	The Human Subjects NIH-Defined Phase III Clinical Trial question must be "No" if the answer to the Human Subjects Clinical Trial question is "No"	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.3	N		All Agencies	V 2.0			Multi Project	Overall	Y	If NIH-Defined Phase III Clinical Trial is Yes on any component of the application and the Overall if NIH-Defined Phase III Clinical Trial is No, provide Error	The NIH-Defined Phase III Clinical Trial question on the Overall component must be marked as "Yes", in order for any NIH-Defined Phase III Clinical Trial question in any other component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.4	N		All Agencies	V 2.0			Multi Project	Overall	Y	If NIH-Defined Phase III Clinical Trial is No on all components of the application and NIH-Defined Phase III Clinical Trial is Yes on the Overall, then provide Error	The NIH-Defined Phase III Clinical Trial question must be 'No' on the Overall component, if NIH-Defined Phase III Clinical Trial question is 'No' for all other components in the application.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.1	N		Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Program Anticipated question= N and Program Income data is provided, give error.	If the answer to Program Income Anticipated question is 'No', no program income details may be entered.	E	
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.2	N		Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall	Y	The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form.	The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this application.	E	
PHS 398 Cover Page Supplement	Program Income, Sources 1-5	008.26													
PHS 398 Cover Page Supplement	Program Income, Anticipated Amount 1-5	008.26.4	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be less than 10,000,000,000	The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N)	A response of 'Yes' or 'No' is required to the Human Embryonic Stem Cells (HESC) Involved) question.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component	The Human Embryonic Stem Cells (HESC) Involved on the Overall must be marked as "Yes", in order for any Human Embryonic Stem Cells (HESC) Involved in any component to be marked as "Yes".	E	
PHS 398 Cover Page	Human Embryonic Stem Cells (HESC)	008.21.3	N	N	Incl : NIH,	V 2.0			Multi	Overall	Y	If Human Embryonic Stem Cells (HESC)	Human Embryonic Stem Cells (HESC) Involved must be No on the Overall	E	

Form	Field	Rule#	Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)	Validation	Error Message	Error/ Warning	ERA Comments
Supplement	Involved (Y/N)				CDC, FDA, AHRQ, VA							Involved is No on all Other Components, then the answer must also be No on the Overall Component	section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application.		
PHS 398 Cover Page Supplement	HESC 'can't be referenced' checkbox	008.22													
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If HESC involved='Y', must include 'HESC Cell Lines' or can't be referenced' checkbox must be checked	If the answer to 'HESC involved' is "Yes", HESC Cell Lines must be included or the 'Can't be Referenced' checkbox must be checked.	E	
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If HESC involved='N', can't include 'HESC Cell Lines' or can't be referenced' checkbox must not be checked	If the answer to 'HESC involved' is "No", HESC Cell Lines may not be included and the 'Can't be Referenced' checkbox must not be checked.	E	
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive.	Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm	E	
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If 'Can't Be Referenced' is checked, no cell lines may be entered.	If the 'Can't be Referenced' checkbox is checked, no stem cell lines may be entered.	E	
PHS 398 Cover Page	HESC Cell Lines	008.23.5	N	N	Incl : NIH,	V 2.0			Multi	overall	Y	Specific stem cells lines in overall should reflect	Specific stem cells lines in the Overall component should reflect all stem cell	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supplement					CDC, FDA, AHRQ, VA							all stem cell lines included in the components. Provide error if cell lines are listed in other components but not in the overall component	lines included in the components.		
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required if the type of application is either "Renewal".	The Inventions and Patents question must be answered if the Type of Application is "Renewal on the SF424 RR Cover".	E	
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be answered if response to Inventions and Patents is 'Yes'	The Inventions and Patents Previously Reported question must be answered if the answer to Inventions and Patents is 'Yes'.		
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Should not be answered if response to Inventions and Patents is 'No'	The Inventions and Patents, Previously Reported question should not be answered if the answer to Inventions and Patents is 'No'.		
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Not accepted for revisions.	A revision may not be submitted if a Change of PD/PI has been indicated. Revisions must have the same PD/PI as the parent grant.	E	
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, First Name	008.31.1	N		All Agencies	V 2.0			Both	Overall		First name must be included if application is for change of PI	The First Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked.	E	

Form	Field	Rule#	Rule Categories										Validation	Error Message	Error/ Warning	ERA Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Middle Name	008.32													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Last Name	008.33.1	N		All Agencies	V 2.0			Both	Overall		Last name must be included if application is for change of PI	The Last Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked.	E	
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Suffix	008.34													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: name of former inst.	008.37.1	N		All Agencies	V 2.0			Both	Overall		The name of former institution is required if the answer to the "Change of Grantee Institution" question is "Yes".	The Name of the Former Institution is required if the 'Change of Grantee Institution' indicator is checked.	E	